ISDH Hospital Fiscal 2004 Report and Statistical Comparison

Hospital: Kindred Hospital Indianapolis South

Year: 2004 City: Greenwood Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue			
Inpatient Patient Service Revenue	\$26,655,218		
Outpatient Patient Service Revenue	\$0		
Total Gross Patient Service Revenue	\$26,655,218		
2. Deductions from	Revenue		
Contractual Allowances	\$15,220,051		
Other Deductions	\$0		
Total Deductions	\$15,220,051		
3. Total Operating	Revenue		
Net Patient Service Revenue	\$11,435,167		
Other Operating Revenue	\$8,849		
Total Operating Revenue	\$11,444,016		
1	'		

4. Operating Expenses		
Salaries and Wages	\$4,318,635	
Employee Benefits and Taxes	\$764,297	
Depreciation and Amortization	\$158,821	
Interest Expenses	\$42	
Bad Debt	\$214,564	
Other Expenses	\$4,644,495	
Total Operating Expenses	\$10,100,854	
5. Net Revenue and Exp	enses	
Net Operating Revenue over Expenses	\$1,343,162	
Net Non-operating Gains over Losses	\$0	
Total Net Gain over Loss	\$1,343,162	
Total Net Galli ovel Loss	ψ1,545,10	

6. Assets and Liabilities		
\$1,796,009		
\$671,418		

Statement Two: Contractual Allowances				
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue	
Medicare	\$20,152,699	\$11,738,257	\$8,414,442	
Medicaid	\$4,499,507	\$3,222,984	\$1,276,523	
Other State	\$0	\$0	\$0	
Local Government	\$0	\$0	\$0	
Commercial Insurance	\$2,003,012	\$258,810	\$1,744,202	
Total	\$26,655,218	\$15,220,051	\$11,435,167	

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$0	\$0	\$0
Educational	\$0	\$0	\$0

Research	\$0	\$0	\$0
Bioterrorism Grant	\$8,000	\$8,000	\$0

Number of Individuals estimated by this hospital that are involved in education:

Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Hospital's Health Education Messages	0

Statement Four: Costs of Charity and Subsidized Community Benefits				
Category	Incoming Outgoing Cost		Unreimbursed Costs by Hospital	
Charity	\$8,239,131	\$8,994,925	(\$755,794)	
Community Benefits	\$0	\$104,000	(\$104,000)	

For further information on this report, please contact:

Hospital Representative Kelly Gross

Telephone Number 317/888-8155

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	83	137
2. % of Salary	Salary Expenses divided by Total Expenses	42.8%	36.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	27.6	29.4
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	26.0	8.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$26,595	\$29,408
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$68,877	\$19,901
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	NP	16.5%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	NP	\$833
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	75.6%	56.9%

10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.1%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	\$0	(\$57,969)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	11.7	12.3

Note:

- 1. NP = No medical-surgical patients or outpatient visits.
- 2. See Statewide Results for definition of terms.